



September Medical Care Advisory Committee

Wednesday
September 28, 2022
5:30-7:30pm



Agenda



- 1. Call to Order**
- 2. Approval of Minutes**
- 3. Q&A on Medicaid Programmatic Update**
 - a. Unwinding Public Health Emergency
 - i. General Update PHE to be likely renewed again in October
 - ii. Communication Vendor Update
 - iii. LTSS LOC Assessments will return to in-person
 - b. Alliance Recertification Progress
 - c. Perinatal Mental Health Taskforce
 - d. MCAC applications due 9/30
 - e. SPA, Waiver, Rule Update
 - f. Enrollment Report
- 4. Subcommittee Updates**
 - a. Eligibility and Enrollment
 - b. Access
 - c. Long-Term Services and Supports
 - d. Health Care Re-Design
- 5. Discussion Topics**
 - a. MCAC Bylaws re: MCAC membership
 - b. Subcommittee Charters
- 6. Announcements**
 - a. Recognition of MCAC Members who termed out



Medicaid Programmatic Update

- 1. Unwinding Public Health Emergency**
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General PHE Update



- COVID-19 Public Health Emergency (PHE) scheduled to expire October 15, 2022, unless extended by HHS Secretary (each extension can last up to 90 days)
- Biden Administration has assured states that it will provide a 60-day notice prior to the end of the PHE
- As of today, states have not received the 60-day notice from the Biden Administration; meaning PHE will likely be extended on October 15
- If extended for another 90 days, the PHE would then be scheduled to end on January 13, 2023



Communication Contract – Post Public Health Emergency Coverage Renewal



- DHCF entered into a contract with Campbell & Company DC on August 26th on eligibility communications
- Contract will provide a post-public health emergency advertising plan, a community outreach plan, and a communications toolkit to assist with the restart of coverage
 - Medicaid, Alliance, and ICP
- Key contract items:
 - Advertising to beneficiaries on coverage renewal
 - Ongoing assistance with messaging to various audiences in DC
 - Ability to attend and prepare for public outreach events that can connect with beneficiaries on renewal of coverage after the PHE



Although the federal PHE is on-going, LTCA hopes to phase in changes where possible



- DHCF generally sought to adhere to some guiding principles in post-PHE planning:
 - Minimization of felt impacts for beneficiaries as the health care system returns to “routine” modes of operation
 - Support of health care providers to ensure continued operations and access to care for beneficiaries
- There are a wide array of flexibilities in place that will have to “unwind” to allow LTCA to resume LTC operations consistent with local and federal regulations and requirements, primarily in three areas:
 - Changes to services
 - Changes to processes
 - Changes to payment rates
- LTCA intends to initiate changes in a *phased* approach wherever possible to avoid the chaos of “flipping a switch” on many changes at once



Transition plan for assessment



Policy	Pre-PHE activities	Current activities	Proposed Post-PHE activities	Timeline
Conduct of long-term care assessments through remote, web-based or telephonic means.	All assessments conducted in-person “face-to-face” as required by local regulations.	All assessments currently conducted remotely.	Return to face-to-face assessments, but for all beneficiaries at the same time.	LTCA intends to resume in-person interRAI assessments completed by LHC on November 1, 2022, in advance of the formal conclusion of the PHE.



What is and is not changing



- DHCF will not be offering a hybrid method for assessments. All assessments will return to face-to-face on Nov. 1st; there will no longer be an option for a telephonic/virtual assessment.
- Some beneficiaries enrolled *after* the PHE began and have never had an in-person assessment; others haven't had one since 2019. For those who recall them well, assessments will look and feel like they did before.
 - Some beneficiaries will express no concerns; others may have questions
 - Beneficiaries should be reminded that – as always:
 - They may invite others to join their assessment (e.g., a family member or case manager)
 - They can request interpreter services and should complete the assessment in a language of their choosing
 - They should schedule the assessment at a time and date (and even location) of their preference and do their best to keep the appointment. Beneficiaries can reschedule an appointment if required.
 - They can prepare for the assessment by collecting medications and medical information to have on hand



What is and is not changing



- Only the *process* of assessment is changing; adverse actions will not resume until after the PHE and will always be accompanied by a notice explaining appeal rights
- A person may refuse to be assessed in person and services may continue during the PHE; however, outside the PHE, refusal of assessment may result in administrative termination or denial of services. Liberty will make at least three attempts to conduct an assessment prior to initiating the administrative denial or termination process.
- Liberty nurses will be masked and can be asked to wear gloves. They also will have defined sanitization protocols pre- and post-assessment and equipment disinfection protocols between assessments and at the end of each day. Individuals can request to be assessed in a community location if they do not want the nurse to enter their home.
- Assessors are **NOT** required to share their personal vaccination status.
- DHCF will issue written materials and share data with providers and other partners to:
 - Ensure providers and case managers target conversations with those assessed soonest
 - Equip providers, case managers and other community supports with information to answer beneficiary questions
 - Enable partners to share feedback with DHCF



Contact information



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Alliance Recertification Progress



- **Total Number of 60-day Alliance Renewal Notices Mailed:**
 - 3,151 were mailed on 7/1; For this group, renewals not received for processing closed on 8/31
 - 3,771 were mailed on 8/1; For this group, renewals not received for processing have a closure date of 9/30
 - 5,882 were mailed on 9/1; For this group, renewals not received for processing have a closure date of 10/31
- **Response Rate for 7/1 Mailing Group (8/31 recert end date) was low**
 - 3,103 (2,622 Alliance; 441 ICP) estimated individuals are non-responsive and subject to potential termination for those mailed on 7/1
- **Based on a recent analysis of utilization data, DHCf knows that approximately two-thirds of this group have utilized service in the past 6 months (i.e. Getting prescriptions filled, Attending primary care visits)**
- **Based on historical experience, DHCf expects many non-responsive individuals will submit their renewals shortly after their recert end date or when they go to access services**
 - DHCf has established a 90-day grace period to ensure that individuals who do not recertify timely will not have coverage gaps
 - Note: Coverage will be processed as continuous if renewal is submitted by the certification end date (as long as individuals continue to meet program eligibility requirements)
 - Note: Individuals submitting at or near the recert end date are encouraged to submit online via District Direct



Reinstating Coverage in Alliance and ICP Following Termination



- There is a 90-day grace period for individuals who do not recertify for Alliance and ICP ahead of their recertification end date
- The grace period allows additional time for individuals who fail to recertify timely to submit their renewal
- If the beneficiary is determined eligible for continued coverage, coverage will retroactively go back to the beginning of the certification period.
 - If a provider provides care in this period they will be reimbursed, as long as individuals recertify within the grace period
- Individuals can recertify their coverage in District Direct; mail; service center; fax, etc. by submitting their renewal form or completing a renewal online up to 90 days after their recertification end date
- Individuals attempting to recertify their coverage after 90 days following their recertification end date will be required to submit a new application



Alliance and ICP Renewal Process



- Renewal forms are issued 60 days before the end of the beneficiary's certification period. For example, households due to renew October 31, 2022, were sent a renewal form on September 1, 2022.
- Converted cases are cases that have been transferred from ACEDS to District Direct. In order to be fully converted, the beneficiary or household needs to complete a conversion renewal form.
- Most Alliance and ICP households will use the Conversion Renewal Form to renew benefits:



Department of Human Services (DHS)
Economic Security Administration (ESA) 

Conversion Renewal Form

This is a supplemental form for medical assistance. A friend, relative, or anyone that you wish, may help you complete this application.


Medical
(Doctors, hospitals, prescriptions, labs, and x-rays)

- free or low-cost insurance from Medicaid
- free or low-cost insurance from the D.C. Healthcare Alliance or Immigrant Children's Program
- affordable, private health insurance plans through the Marketplace
- a tax credit that can immediately help pay your premiums for health coverage.



At renewals, Alliance beneficiaries are required to provide verifications for income and D.C. residency



Verification Type

Examples of Acceptable Verification Documents

Income

Recent paystubs (from the last 30 days)
Self-employment: most recent tax return form
Statement showing retirement income, disability income, or Workers Compensation
Pension or annuity statement
Unemployment Income statements

Residency (only one form of verification is required for Alliance and ICP beneficiaries age 20)

- DC driver's license, identification card, or DC One Card
- Active lease, rental agreement, or rent receipt
- Utility or telephone bill
- Pay stub or earning statement issued within the previous 30 days with the individual's name and District of Columbia address
- Property tax bill issued within the last 60 days for property located in the District of Columbia
- Completed Residency Form



Save Time! Submit Your Renewal Online!



- **Alliance and ICP beneficiaries may submit their completed renewals:**
- **Online:** District Direct allows beneficiaries to complete their renewal, report changes, submit verifications, and view notices online or through the mobile app. Beneficiaries may visit <https://districtdirect.dc.gov/> or download the mobile app through the Apple App Store or Google Play. **Please encourage beneficiaries to complete their renewal online!**
- **By Phone:** Call Center (202) 727-5355; Language & Translation Line 1-855-532-5465
- **Mail**
 - Department of Human Services | Economic Security Administration
 - Case Record Management Unit
 - P.O. Box 91560 Washington, DC 20090
- **Drop-off at a Service Center**
- **Fax at (202) 671-4400**



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Perinatal Mental Health Task Force Purpose



- Establishes a Perinatal Mental Health Task Force to provide comprehensive policy recommendations for the improvement of perinatal mental health in the District. The Task Force shall study and make recommendations to the Council by August 31, 2023, regarding the following:
 - Vulnerable populations and risk factors for perinatal mental health disorders
 - Evidence-based and promising practices for those with or at risk of perinatal mood and anxiety disorders
 - Barriers to access to care during the perinatal period for birthing people and their partners and identifying evidence-based and promising practices for care coordination, systems navigation, and case management services that address and eliminate barriers to accessing care and care utilization for birthing people and their partners;
 - Evidence-informed practices that are culturally congruent and accessible to eliminate racial and ethnic disparities that exist in addressing prevention, screening, diagnosis, intervention and treatment, and recovery from perinatal mood and anxiety disorders;
 - National and global models that successfully promote access to care, including screening, diagnosis, intervention, treatment, recovery, and prevention services for perinatal mood and anxiety disorders in the pregnant or postpartum person and non-birthing partner;
 - Community-based or multigenerational practices that support individuals and families affected by a maternal mental health condition;
 - Successful initiatives regarding workforce development encompassing the hiring, training, and retention of a behavioral health care workforce as it relates to perinatal mental health, including maximizing non-traditional behavioral health supports such as peer support and community health workers;
 - Models for private and public funding of perinatal mental health initiatives; and
 - A landscape analysis of available perinatal mental health programs, treatments, and services, and notable innovations and gaps in care provision and coordination, encompassing the ability to serve the diversity of perinatal experiences of unique populations, including Black birthing people, Hispanic birthing people, pregnant and postpartum people of color, perinatal immigrant populations, adolescents who are pregnant and parenting, LGBTQIA+



Task Force Membership – Government



- The Task Force shall consist of 21 members as follows:
 - Six (6) Government members
 - Deputy Mayor for Health and Human Services or his or her designee;
 - Director of the Department of Behavioral Health or designee;
 - Director of the Department of Health or designee;
 - Director of the Department of Health Care Finance or designee;
 - Chairperson of the Council's Committee on Health or designee; Chairperson of the Council's Committee on Human Services or his or her designee



Taskforce Membership – Non-Government



- At least four (4) members of the community or advocates and meet at least one (1) of the following standards:
 - An individual with current or past perinatal mood and anxiety disorders;
 - A caregiver or partner to those with current or past perinatal mood and anxiety disorders; or
 - An advocate informed about perinatal mental health in the District, who is also a beneficiary of perinatal mood or anxiety disorder treatment
- At least one representative from a managed care organization contracted in the District;
- At least 3 representatives from nonprofit health centers serving birthing populations;
- A registered nurse experienced in providing perinatal mental health services in the District;
- A licensed pediatrician experienced in providing perinatal mental health services in the District;
- An obstetrician experienced in providing perinatal mental health services in the District;
- A licensed clinical psychologist or psychiatrist with experience providing perinatal mental health services in the District;
- A doula;
- One of the following:
 - A certified midwife practicing in the District;
 - A certified nurse-midwife practicing in the District; or
 - A certified professional midwife practicing in the District; and
- A representative of a home visiting program operating in the District.



Milestones



- **Phase I – Pre-selection and Selection of Task Force Membership**
(August to November)
 - August/September: DHCF Internal Planning
 - October: Membership Interest Meeting, Applications Due and Selection Made
- **Phase II – Task Force** (November 2022– September 2023)
 - Regularly Scheduled Task Force Meetings
- **Phase III – Recommendations** (July – October 2023)
 - Recommendation drafting and approval
 - Report sent to Council by 10/1/23



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MCAC Applications Due



DHCF is accepting applications to fill five vacancies on its MCAC. The five appointments will be for a three-year term.

For purposes of this application, DHCF is seeking to fill:

- One (1) provider seat and
- Four (4) beneficiary/advocate seats

[Click Here for Membership Application](#)

All applications must be submitted to Dr. DaShawn Groves, Special Project Officer via e-mail at dashawn.groves@dc.gov, by September 30, 2022.



**We
Want
You on
MCAC!**

